



## Complete Summary

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### GUIDELINE TITLE

Fall management guidelines.

### BIBLIOGRAPHIC SOURCE(S)

Health Care Association of New Jersey (HCANJ). Fall management guidelines.  
Hamilton (NJ): Health Care Association of New Jersey (HCANJ); 2005 Feb. 25 p.

### GUIDELINE STATUS

Note: This guideline has been updated. The National Guideline Clearinghouse (NGC) is working to update this summary.

## COMPLETE SUMMARY CONTENT

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## SCOPE

### DISEASE/CONDITION(S)

Falls

### GUIDELINE CATEGORY

Management

Prevention

Risk Assessment

### CLINICAL SPECIALTY

Family Practice

Geriatrics

Internal Medicine

Nursing  
Physical Medicine and Rehabilitation  
Preventive Medicine

## INTENDED USERS

Advanced Practice Nurses  
Health Care Providers  
Nurses  
Occupational Therapists  
Pharmacists  
Physical Therapists  
Physician Assistants  
Physicians  
Public Health Departments

## GUIDELINE OBJECTIVE(S)

- To limit and/or prevent the occurrence of falls within the parameters that can be controlled through structured program interventions
- To minimize the severity of injuries sustained by an elderly individual resulting from a fall
- To provide the professional staff with standards of practice that will enable them to perform effectively
- To educate the resident, family, and staff
- To limit the liability and financial risk to the facility

## TARGET POPULATION

Elderly residents of long-term care facilities, including skilled nursing facilities, subacute care, and assisted living facilities

## INTERVENTIONS AND PRACTICES CONSIDERED

### Assessment/Evaluation

1. Clinical assessment completed by registered nurse
2. Rehabilitation assessment completed by physical therapist (PT) or occupational therapist (OT)
3. Pharmacological assessment completed by pharmacy consultant or physician
4. Environmental assessment (considers physical room layout, equipment, and lighting)
5. Analysis/assessment of level of risk based on collective assessments and professional judgment
6. Development of dynamic treatment plan based on fall assessment results

### Post-Fall Evaluation

1. Use of Fall Management Investigation or Post Fall Assessment Tool
2. Physical assessment
3. Determination of contributing factors including environmental factors

4. Reporting mechanism/facility tracking:
  - Facility fall summary/analysis
  - Timely modifications to the treatment plan
  - Family/resident conferences
  - Collective review of resident falls throughout the facility

#### Education/Awareness: Falls Program In-Service

1. Review documentation expectations with staff members upon orientation, semiannually, and after falls as they occur
2. Provision of instructions to resident and information concerning safety awareness quarterly, after a fall has occurred, and upon discharge from facility
  - Instruction on proper use of walking devices, wheelchairs, and other assistive devices when initiated, quarterly, after fall has occurred, and upon discharge from facility
3. Description of reasonable expectations from the facility and instruction on how the family can assist upon admission of the resident, as needed, and upon discharge of resident
4. Notification of the Department of Health and Senior Services (DHSS) staff about the facility's Fall Program and its level of implementation

#### MAJOR OUTCOMES CONSIDERED

- Risk for falling
- Number of falls (with or without injury)

### METHODOLOGY

#### METHODS USED TO COLLECT/SELECT EVIDENCE

Searches of Electronic Databases

#### DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

Not stated

#### NUMBER OF SOURCE DOCUMENTS

Not stated

#### METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Expert Consensus

#### RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

Not applicable

## METHODS USED TO ANALYZE THE EVIDENCE

Review

## DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE

Not stated

## METHODS USED TO FORMULATE THE RECOMMENDATIONS

Expert Consensus

## DESCRIPTION OF METHODS USED TO FORMULATE THE RECOMMENDATIONS

The development process includes a review of practice guidelines completed by others, literature review, expert opinions, and consensus. The Committee strives to develop guidelines that are consistent with these principles:

- Relative simplicity
- Ease of implementation
- Evidence-based criteria
- Inclusion of suggested, appropriate forms
- Applicable to various long term care settings
- Consistent with regulatory requirements
- Utilization of Minimum Data Set (MDS) (resident assessment instrument [RAI]) terminology, definitions and data collection

## RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

Not applicable

## COST ANALYSIS

A formal cost analysis was not performed and published cost analyses were not reviewed.

## METHOD OF GUIDELINE VALIDATION

Peer Review

## DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

Not stated

## RECOMMENDATIONS

## MAJOR RECOMMENDATIONS

Note: This guideline has been updated. The National Guideline Clearinghouse (NGC) is working to update this summary. The recommendations that follow are based on the previous version of the guideline.

### Program Outline

Each facility/provider is encouraged to use this comprehensive guideline to outline and further define its program-specific fall management policy and procedures.

- I. Key Elements to a Fall Management Program
  - A. Assessments
  - B. Dynamic treatment plan
    1. Role of the Interdisciplinary Team or Resident Review Team
    2. Use of devices: restraints, protectors
  - C. Re-assessments, implementation and evaluation of treatment plan
  - D. Education/awareness
- II. Detailed Elements
  - A. Assessments
    1. Clinical assessment
      - a. Assessment form - recommend rating scale
      - b. Completed by registered nurse
      - c. Time of completion
        - Initial within 24 to 48 hours
        - Comprehensive within 14 to 21 days after admission
      - d. Frequency of review of document
    2. Rehabilitation assessment
      - a. Completed by physical therapist (PT) or occupation therapist (OT)
      - b. Form: (i.e. Tinetti Gait and Balance Tool or Berg Balance Scale)
      - c. Transfer evaluation
      - d. Time of completion (recommend 24 to 48 hours after referral)
      - e. Frequency of re-evaluation
    3. Pharmacological assessment
      - a. Completed by pharmacy consultant or physician (consider treatment of osteoporosis if identified)
      - b. Review of medication profile as needed
    4. Environment
      - a. Physical room lay out
      - b. Equipment
      - c. Lighting
    5. Analysis/Assess Level of Risk
      - a. Identify level of risk based on collective assessments and professional judgment

- B. Dynamic treatment plan
  - 1. Specific interventions based on fall assessment results, and resident preferences all interdisciplinary team members must address:
    - a. Resident, staff, and family teaching
    - b. Room modifications
    - c. Resident's daily routines
    - d. Behaviors
    - e. Physical limitations
      - Activities of daily living (ADL) skills
      - Continence
    - f. Pain
    - g. Medication use
    - h. Consistent and proper uses of assistive or protective devices based on assessments
  - 2. Updated information consistently communicated to the staff, resident and family
    - a. Staff
      - General classification system identifying resident's potential to fall and staff response
      - Verbal report
      - Summary of assessments
    - b. Residents
      - One-to-one education and review
    - c. Families
      - Care conferences
- C. Evaluation
  - 1. Post fall evaluation
    - a. Fall Management Investigation or Post Fall Assessment Tool
    - b. Physical assessment
    - c. Contributing factors to fall
  - 2. Reporting mechanism/tracking of falls within the facility
    - a. Facility Fall Summary/Analysis
    - b. Action of the interdisciplinary team
      - Timely modifications to the treatment plan
      - Family/resident conferences
    - c. Collective review of resident falls throughout the facility
- D. Education/Awareness
  - 1. Falls Program In-Service
    - a. Staff members
      - Intervals for review of Fall Management Program:
        - i. Semiannual
        - ii. Upon orientation
        - iii. Post evaluation as they occur
      - Contents of review:
        - i. Documentation expectations
    - b. Resident
      - Intervals for review of Fall/Safety Information:
        - i. Quarterly

- ii. After fall has occurred
  - iii. Upon discharge from facility
- Contents of review:
  - i. Instructions and information concerning safety awareness
  - ii. Proper use of walking devices, wheelchairs, and other assistive devices
- c. Family
  - Intervals for review of Fall/Safety Information:
    - i. Upon admission of the resident
    - ii. Address with family as resident presents need to discuss
    - iii. Upon discharge of resident
  - Contents of review:
    - i. Reasonable expectations from the facility
    - ii. How they can assist
- d. Department of Health and Senior Services (DHSS)
  - Inform the Department of Health and Senior Services staff about the facility's Fall Program and what is the level of implementation

#### CLINICAL ALGORITHM(S)

None provided

### EVIDENCE SUPPORTING THE RECOMMENDATIONS

#### TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

The type of evidence supporting the recommendations is not specifically stated.

### BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

#### POTENTIAL BENEFITS

- Prevention of falls, reduced injury, and ultimately improved quality of life of residents
- Limited liability and financial risk to the facility

#### POTENTIAL HARMS

Not stated

### QUALIFYING STATEMENTS

#### QUALIFYING STATEMENTS

- This Best Practice Guideline is presented as a model only by way of illustration. They have not been reviewed by counsel. Before applying a particular form to a specific use by your organization, they should be

reviewed by counsel knowledgeable concerning federal and state health care laws and rules and regulations. It should not be used or relied upon in any way without consultation with and supervision by qualified physicians and other healthcare professionals who have full knowledge of each particular resident's case history and medical condition.

- This best Practice Guideline is offered to nursing facilities, assisted living, residential health care facilities, adult day health services providers, and professionals for informational and educational purposes only.
- The Health Care Association of New Jersey, its heirs, executors, administrators, successors, and members hereby disclaim any and all liability for damage of whatever kind resulting from the use, negligent or otherwise, of all Best Practice Guidelines.
- The guidelines usually assume that recovery/rehabilitation is the treatment or care plan goal. Sometimes, other goals may be appropriate. For example, for patients receiving palliative care, promotion of comfort (pain control) and dignity may take precedence over other guideline objectives. Guidelines may need modification to best address each patient and family's expectations and preferences.

## IMPLEMENTATION OF THE GUIDELINE

### DESCRIPTION OF IMPLEMENTATION STRATEGY

Recognizing the importance of implementation of appropriate guidelines, the Best Practice Committee of the Health Care Association of New Jersey plans include education and training. Guidelines will be made available at [www.hcanj.org](http://www.hcanj.org). In addition, a selection of Fall Risk Assessment and Investigation Forms, Balance Assessment instruments, and Quality Improvement forms are provided in the original guideline document. Intended users may choose the tools that are appropriate for their respective utilization.

### IMPLEMENTATION TOOLS

Audit Criteria/Indicators  
Chart Documentation/Checklists/Forms  
Resources

For information about [availability](#), see the "Availability of Companion Documents" and "Patient Resources" fields below.

## INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

### IOM CARE NEED

Staying Healthy

### IOM DOMAIN

Effectiveness  
Patient-centeredness



## IDENTIFYING INFORMATION AND AVAILABILITY

### BIBLIOGRAPHIC SOURCE(S)

Health Care Association of New Jersey (HCANJ). Fall management guidelines. Hamilton (NJ): Health Care Association of New Jersey (HCANJ); 2005 Feb. 25 p.

### ADAPTATION

Not applicable: The guideline was not adapted from another source.

### DATE RELEASED

2005 Feb

### GUIDELINE DEVELOPER(S)

Health Care Association of New Jersey - Private Nonprofit Organization

### SOURCE(S) OF FUNDING

Health Care Association of New Jersey

### GUIDELINE COMMITTEE

Best Practice Committee

### COMPOSITION OF GROUP THAT AUTHORED THE GUIDELINE

Not stated

### FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

Not stated

### GUIDELINE STATUS

Note: This guideline has been updated. The National Guideline Clearinghouse (NGC) is working to update this summary.

### GUIDELINE AVAILABILITY

Electronic copies of the updated guideline: Available in Portable Document Format (PDF) from the [Health Care Association of New Jersey Web site](#).

Print copies: Available from the Health Care Association of New Jersey, 4 AAA Drive, Suite 203, Hamilton, New Jersey 08691-1803

### AVAILABILITY OF COMPANION DOCUMENTS

The following implementation tools are available in the original guideline document:

- Fall risk assessment form
- Pharmacist fall risk assessment policy and procedure
- Pharmacist fall risk assessment instrument
- Falls management investigation post fall tool
- Falls management post fall assessment tool
- Tinetti balance and gait assessment tools
- Berg balance measure
- Performance improvement forms

Electronic copies: Available in Portable Document Format (PDF) from the [Health Care Association of New Jersey Web site](#).

Print copies: Available from the Health Care Association of New Jersey, 4 AAA Drive, Suite 203, Hamilton, New Jersey 08691-1803

#### PATIENT RESOURCES

None available

#### NGC STATUS

This NGC summary was completed by ECRI on July 18, 2005. The information was verified by the guideline developer on July 20, 2005.

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